

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049-45

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL							TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL							TOTAL						
CLAIMS							CLAIMS						